eight years before, and with a + 3½ lens he saw ⅔, and with a + 2½ read No. 4 of Jaeger's test-types. He complained that, owing to the necessity for using a strong glass, he was unable to procure a situation, or to earn his living. In the left eye, where he had a lamellar cataract, I performed a small iridectomy downwards, and inwards, with the result that he without a glass sees ⅔, and reads Jaeger 4, and has obtained a situation as a domestic servant. I by no means claim any element of novelty or originality for the foregoing observations; but I have felt, and strongly feel that the merits of the particular mode of treatment which I have here advocated, have not hitherto been generally estimated at their true value; and I venture to hope that this plan may in the future obtain a more extended trial, since I am well assured that it deserves to supersede, in a large proportion of cases, its older and more firmly established rivals.

Mr. COWELL agreed in Mr. Critchett's suggestion, and had been in the habit of following the practice in suitable cases. He disapproved of the use of Tyrrell's hook, from a fear of wounding the lens, and used iris-forceps.—Mr. NETTLESHIP believed that the evidence at present tended to the belief that cases of lamellar cataract remained stationary, but thought more observations were necessary.—The PRESIDENT had been in the habit of adopting the operation referred to by Mr. Critchett for many years with satisfactory results.

ON COLLECTIVE INVESTIGATION; ITS AIMS AND PROBABLE INFLUENCE UPON THE FUTURE OF THE BRITISH MEDICAL ASSOCIATION.*

BY C. PALMER, M.R.C.S.,
Retiring President of the Branch.

GENTLEMEN,—At the close of my year of office, I thank you again most heartily for the honour you have conferred on me, and the opportunity you have thereby afforded me of becoming personally acquainted with so many of our leading men, and their views on matters of interest to our Society.

I am pleased to be able to congratulate you upon the progress we have made during the past year, not only in our own Branch, which is as prosperous as we can wish, but the British Medical Association itself, which, though fifty years old, has proved by its energy, rapid growth and development, that it still possesses all the attributes of vigorous youth. It is now scarcely eighteen months ago, that Dr. Gordon of Dublin gave the following summary of the main objects of our Association, viz.:

1. The promotion of social and scientific intercourse amongst members of the profession.
2. The maintenance of a high ethical standard of professional conduct.
3. Encouragement of scientific and practical work, and the advancement of original investigation.
4. Improvement in medical education and examination.

And on all these points we may congratulate ourselves upon having made real and substantial progress; but, within the last few years, the conviction has been gradually gaining ground that, with all our energy and prosperity, there is a deficiency somewhere; that the subjects I have just now enumerated are not the only ones which should occupy our attention; and we all began to feel that, with abundance of the best material, from a want of proper organisation, we were unable to attempt the solution of any of the great problems of disease. This want is now, for the first time, perhaps, being felt by the great body of the Association, as manifested by the enthusiastic reception of Professor Humphry's statement at Cambridge in August 1880, that the work of collective action and cumulative observation has hitherto been too little attempted; a statement, the importance of which we can even now scarcely realise, and which led in 1881 to the formation of the Committee of Collective Investigation; a work for which we owe Professor Humphry, and his friends and advisers, a deep debt of gratitude; for, to my mind, it is a new starting-point, the commencement of the real work of our Society, to which what we have hitherto done has been only preliminary. The thorough elucidation of diseases, their causes and effects, immediate and remote, upon individuals, the community at large, and upon each other, is the work which we are now, for the first time, about to attempt, by means which until now have never before been available, and to accomplish which we must be something more than a medical association; we must be so organised as to become a veritable army of observation, with a discipline so perfect, that every single member shall have his part to perform, and our whole force be capable of being brought to bear upon any one point, with a power that must eventually overcome every obstacle, and in time remove the stigma of uncertainty from our art, and raise it to even a higher position than it has hitherto occupied. To accomplish such results, it will not only be necessary to improve our organisation, but also to extend the field of our observation; indeed, we can already see that many points of vital importance can only be satisfactorily cleared up by an organised system of observation extended to other countries; and I venture to predict that a day will come when the British Medical Association itself will be but a branch of an international one.

There will, I have no doubt, be some amongst us who will say, as men learned in military matters said of our volunteers about twenty years ago, that, though thorough training was necessary before they could become a reliable arm of the service, it was impossible for them to attain to it; but the result has triumphantly proved that they were mistaken; and I am perfectly satisfied that when once the necessity of organisation is demonstrated and generally admitted, the rest will follow as a matter of course, and every one of us will not only be ready, but anxious to put our shoulders to the wheel. And if it be said that it is impossible that the hard worked general practitioner should ever spare the time for all this, we may safely reply, that the power it will give him over his own work will much more than compensate him for the loss of time it will entail.

I know that I owe you an apology for taking up so much of your time, when there is much work to be done, and little time to do it in; but I felt that I could not let this opportunity pass, without stating as briefly as I could my own impressions on the events of the past year, and their probable influence upon the future of our Association.

I cannot leave this subject without alluding to the earnest manner in which Dr. Mahomed, the secretary of this Committee, has devoted himself to the work. He was, I believe, one of the first to propose this plan of combined action, and the zeal and energy he has displayed cannot fail to be of the greatest service to the cause, and deserve our warmest thanks.

It now only remains for me to call upon the President-elect to take the chair; and in doing so, I congratulate you upon having secured the services of a man so deservedly popular; for though I have not the pleasure of an intimate personal acquaintance with Dr. Crowfoot, the name has been familiar to me for the last thirty years, and has been always associated with professional progress and professional honour.

* Read at the Annual Meeting of the East Anglian Branch.

MESENTERIC AND OMENTAL CYSTS.

BY J. KNOWSLEY THORNTON, M.B., C.M.,
Surgeon to the Samaritan Free Hospital.

THE short paper on the above subject by Mr. Spencer Wells, in the JOURNAL of December 9th, recalls a very interesting case of mesenteric tumour, upon which I operated in 1877, but of which I have never published the details. I think it may be well, while the subject is before the profession, to give the notes of it, and also of two cases of omental cyst which have occurred in my practice.

CASE.—S. M., aged 38, wife of a bank clerk, and mother of eight children, was placed under my care at the Samaritan Hospital in May 1877, by Dr. Peskett of Leyton.

I found a large cystic tumour in the abdomen, and was able to diagnose extensive parietal and intestinal adhesions, and, by vaginal examination, a nodular mass in or closely connected with the left broad ligament. The nature of the tumour being doubtful, I tapped and removed thirteen pints of curious orange-coloured serum. The chemical reactions of this fluid were rather those of a mixed ovarian and ascitic fluid, than of a pure ovarian or peritoneal fluid. The microscope did not aid the diagnosis, for I could find nothing but blood-corpuscles, and a few small granular cells, so indistinct in outline, that I failed to draw them with the camera.

Careful examinations of the patient, made from time to time during the following three weeks, led to the following diagnosis, entered in the case-book on June 12th: "A thin-walled flaccid cyst, with some solid masses, which can be distinctly felt *per vaginam* in the left broad ligament. I cannot feel at all sure whether it is an actual cyst, or only an encysted collection of fluid amongst the intestines, omentum, and mesentery. If it is the latter, it must be nearly a perfect cyst, as both flanks are clear, and changes of position vary the dulness but little."

An exploratory operation was decided upon, and performed on the following day. A very thin cyst, with unusually large veins in its anterior wall, was separated with difficulty from extensive adhesions to

the parietal peritoneum and omentum. A broad vascular pedicle was then discovered, connecting it to the mesentery of a portion of small intestine; this was transfixed and ligatured in two portions. Several smaller adhesions to the intestines, and a broad membranous one to the left broad ligament, were separated, and the left ovary and tube were then found to be adherent to a fringe of solid growths along the lower border of the cyst. I therefore transfixed the left broad ligament, and removed the ovary and tube along with the tumour. This led to its being included among my ovariotomies, where it will be found as Case 33.

The solid portions of the tumour were very vascular, and arranged in fringes along its borders, their edges tapering like the margins of the liver. The solid part weighed 6 lbs. 4 oz., and there were 19 pints of serum like that removed at the tapping. Unfortunately, some portions removed and preserved for microscopic examination were lost, but I have no doubt that it was a cysto-sarcoma, as the solid portions contained numerous small cysts.

The patient did remarkably well for the first week, and the wound healed by first intention throughout. After the removal of a large mass of cotton-wool, which filled up the hollow over the stomach, she became sick, and, on the eighth day, she brought up two pints of purplish-black fluid.

On the ninth day, I could grasp a much-dilated stomach through the parietes, and, shaking it, could hear the gurgle of much fluid mixed with air. I applied the stomach-pump, and removed a pint of grass-green fluid and much gas; then thoroughly washed out the stomach with warm carbolised water, and applied a firm padding of cotton-wool under straps. The fluid removed contained sarcinæ in abundance, torulæ, and bacteria, and striped muscle-fibre (remains of food), all dyed a deep emerald-green. Sulphite of soda was given in twenty-grain doses every three hours.

Enormous quantities of this green fluid were vomited on the tenth day, and the patient was so exhausted that I gave up hope. Diarrhœa was also troublesome. During the night, she took brandy and egg freely, and next morning the temperature had dropped from 101.6° to 99.0°, and the pulse from 152 to 96. During forty-eight hours, she took by the mouth twenty-four ounces of brandy, and twelve ounces of brandy and egg mixture; and had sixteen ounces of port wine in beef-tea enemata. The greater part of the brandy was given between 11 P.M. on the night of the tenth day, and 10 A.M. on the morning of the eleventh day. It was given by the nurse, after I had practically given up all hope of saving the patient, and I have not the smallest doubt that she owed her life to this free and constant stimulation. The change in her condition in the morning astounded me. The bowels remained rather loose for twenty-four hours, and then she rapidly improved, and left the hospital strong and well on the twenty-first day after operation.

It is worthy of remark that, during the discharge of this large quantity of fluid from the stomach, the emaciation was so rapid, that it seemed almost as if one could see the wasting. Certainly the difference was marked between the visits, which I paid for some time every two hours. More than five years have passed, and she remains in good health.

I have twice, in the course of ovariotomy, removed cysts from the omentum, and a brief note of them here may be of interest.

The first was a small multilocular cystic tumour, of the size of a black Kentish cherry, which I found attached by a small pedicle in the lower border of the omentum, in the case of M. S., aged 41, mother of one child. (Case 29 in Ovariotomy Tables.) There were ruptured papillomatous tumours of both ovaries, with extensive papilloma of the pelvic *culs-de-sac* and other peritoneal surfaces. This little omental growth contained several cysts, much of a size, all lined with epithelium, like that commonly found in ovarian cysts; in fact, it was a perfect multilocular ovarian tumour in miniature, and, I have no doubt, owed its origin to cell-infection. It is worthy of remark that, as in some other cases of papilloma which I have recorded, the patient made a good recovery, and remains in good health, five years after the operation, all trace of the peritoneal papilloma having disappeared.

The second was a tumour of the size of a small cocoa-nut, with a very thick whitish fleshy wall, and a small central cavity, which had a puckered lining membrane, and contained three or four ounces of thick yellowish fluid. The tumour was attached to the omentum by a thick vascular pedicle, and lay high up in the abdomen, under the right border of the liver, so that I nearly overlooked it.

The operation was my 236th ovariotomy. The patient, a married woman of 47, with grown-up children, sent to me from Malaga by Dr. Clarence Visick. She was very emaciated, and had an unpleasant cachectic look, and had already had a sarcomatous polypus scraped out of the uterine cavity by Dr. Visick.

I enucleated a large cysto-sarcoma of the left ovary, separating unusually extensive mesenteric and intestinal adhesions, also a large lobulated solid brain-like sarcoma from the head of the cæcum; the pedicle of this was so little vascular that it required no ligatures, merely a light touch over with Paquelin's cautery.

I left behind a very large fibroid uterus, and somewhat suspicious-looking right ovary, and was glad to get the patient safely off the table. Thanks to Mr. Meredith's kind care (I was taken ill a few days after the operation), she made a good recovery, and left the hospital on the twenty-fourth day after operation. In September of this year, Dr. Visick, writing about another case he sent over to me, says: "I have just seen Mrs. A. Hers is a most wonderful case. Her health at present seems perfect, and she looks very much younger, and has no kind of suffering." Mr. Doran was kind enough to examine the tumour for me, and found that the solid portions were mixed sarcoma.

One other case may be added here, which might well have been mistaken for a real omental tumour. On April 2nd, 1881, I operated upon Mrs. H., aged 33, and found a dermoid cystic tumour, with a pedicle attaching it to the right side of the omentum, and a band connecting it with the right ovary, which also contained a dermoid cyst. After removing the tumour and the cystic right ovary, I found on the left side a twisted stump where the ovary should have been, and a blocked and twisted Fallopian tube, which I removed. Evidently, the dermoid tumour attached to the omentum in the right side of the abdomen was the left ovary twisted entirely off, and receiving its nourishment from the omentum. This reading of the case was supported by notes taken many years before I operated, I first saw her in 1874, and at that time she had had two children, and both were dead. She had then a small tumour on the left side, but, as it was giving no trouble, I did not interfere with it. In 1874, 1876, and 1878, she bore children without trouble, the tumour remaining quiescent. In 1880, she came to me again, in the third month of another pregnancy, complaining of a severe attack of pain in the left side; this occurred at the time for menstruation each month, except the sixth, till she was confined; it was each time accompanied by some feverishness. She got well through her labour; but finding, when she was about again, that the tumour was larger and more painful, she came to me again, and I advised its removal. When I came to examine her, I found that it was now in the right side of the abdomen, and could not be drawn over to the left. It is obvious how easily this case might have been recorded as one of tumour of the omentum. The cystic tube might easily have been mistaken for an ovary by an inexperienced operator, and the case would have been far more puzzling had I not been able to refer to my old notes.

The first two of these omental tumours, I should say, were both due to cell-infection. In sponging out a peritoneum infected with ovarian papilloma, one is frequently struck with the way in which little growths occur in depressions and places where cells are likely to rest for some time undisturbed.

OBSERVATIONS ON SIX HUNDRED CASES OF DIABETES TREATED AT NEUENAHR.*

By RICHARD SCHMITZ, M.D., Neuenahr.

Six hundred patients have been under treatment; of these, 420 were Germans, and 180 foreigners; 5 were under 10 years old, 25 between 10 and 20 years, 56 between 20 and 30, 104 between 30 and 40, 134 between 40 and 50, 196 between 50 and 60, 60 between 60 and 70, and 20 between 70 and 80 years of age: 248 of the patients came of families in which diabetes had already appeared; 51 came of families in which some serious psychosis had manifested itself, and 45 more had relatives who were remarkable for eccentricity or irritability, and 42 came of families which were markedly tuberculous; 93 of the cases were Jews, and of these 48 had diabetic relatives, 18 had relatives with psychoses, and 9 tuberculous relatives. In 8 cases, both husband and wife were at the same time suffering from diabetes. In 183 cases, the immediate exciting cause of the disease appeared to be some acute disturbance of the nervous centres, and only in 18 was there any essential disease of the nervous system; in 153 cases, the diabetes was attributable to an excessive indulgence in sugar and saccharine food. In 45 cases it was attributable to gout, and, in several instances, alternated with a gouty attack. It was in these cases that alkaline waters and salicylate of soda were most useful; in 22 cases, diabetes seemed to be the result of the exhaustion consequent on some severe and long continued disease. The specific gravity of the urine varied from 1025

* Abstract of a paper communicated to the Medical Society of London.